DATA LIMITATIONS

The observed increasing trend in chlamydia cases is influenced by factors other than true increases in cases. Chlamydia is often asymptomatic, and many cases are identified through screening programs offered primarily to women. Based on local, state, and national efforts, these screening activities have been increasing in recent years. Women may be screened for chlamydia through routine Pap smear screening, family planning services, and other services related to reproductive health care. Although the majority of chlamydia infections in males are asymptomatic, there are no guidelines for screening asymptomatic males. Another factor influencing the apparent increase in cases is the increasing use of urine-based, nucleic acid amplification tests (NAAT) for chlamydia screening. This test type is likely contributing to the rise in the number of reported chlamydia cases because these tests are more sensitive and more acceptable to some women and men

The substantial amount of missing race/ethnicity data from the laboratory reports and CMRs limits the interpretation of race/ethnicity data from surveillance data. The majority of case reports originate from laboratories, a group which does not routinely collect data on race/ethnicity. Further, some managed care organizations and other health care service providers do not routinely record race/ethnicity of patients. The observed racial/ethnic disparities may reflect true differences in the infection rates, differential access to health care, and/or reporting practices of different types of providers that serve different populations.

Caution should also be observed when interpreting rates based on few events and/or small populations. For more information, refer to G*uidelines for statistical analysis of public health data with attention to small numbers, Revised, March, 2002*. This publication can be found at http://www.ucsf.edu/fhop/docs/guides/smallnumbers.pdf.